

REMARKS

The indication of allowability of claims 57 to 59 and 63 is appreciated. Claims 57 to 59 and 63 have been rewritten into independent form. Dependent claims 56 and 60 to 62 have been amended to depend on one of claims 57 to 59 and 63. Former independent claim 55 has been cancelled. Accordingly, claims 56 to 63 are in clear condition for allowance.

Independent claim 64 has been amended to include the limitation of claim 66 which is now cancelled. Claim 64 more clearly distinguishes the applied prior art and thus it and its dependent claims 65 to 71 are in clear condition for allowance. This amendment should be entered after a final rejection because it places these claims in clear condition for allowance.

The rejection of claims 64 to 71 as being obvious over the disclosure of the Hospital Miniflow 10 in view of Sluma et al (US Patent 5,246,582) is traversed. Independent claim 64 has been amended to require the volume of the blood passage in the filter to be less than two percent of a cardiac output of the patient. This amendment makes clear that the filter is for treating an adult and is suitable for ultrafiltration such as through a peripheral vein.

The Hospital Miniflow 10 is for “neonates and infants”, is a pediatric filter that is believed to process more than 2% of the cardiac output. See the Miniflow brochure (“For treatment of neonates and infants with body weight between 2 and 15 kg.”). For example, a 2 kg baby has an estimated CO (Cardiac Output) of 160 ml/min. A filter processing less than 2% of the baby CO would operate at 3.2 ml/min or less. This is an exceedingly low flow rate that is not suggested or taught in the brochure as an operational condition for the Miniflow 10. Accordingly, the Hospital Miniflow does not process less than 2% of cardiac output as required by amended claim 64.

Further, the documentation on the MiniFlow does not support the speculation that the MiniFlow (as of prior to May 23, 2000) is a filter that is both at least 20 centimeters (cm) in

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length and has an interior diameter of no greater than 1.5 cm. The speculation set forth in the Action regarding the dimensions of the MiniFlow are not sufficient to support an obviousness rejection. Further, the MiniFlow filter is for toxin removal in neonates and infants and not for fluid removal in adult patients.

All claims are in good condition for allowance. If any small matter remains outstanding, the Examiner is requested to telephone the undersigned. Prompt reconsideration and allowance of this application is requested.

Respectfully submitted,

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